

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212519865</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>CONSUMER PORTFOLIO SERVICES, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>CA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>F1179664</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>75,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	75,000,000	PREFER	10,000,000
CLASS	AUTHORIZED							
COMMON	75,000,000							
PREFER	10,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 19500 JAMBOREE</p> <p style="text-align: center;">CITY/ST/ZIP: IRVINE, CA 92612</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHARLES E. BRADLEY, JR.  TITLE: PRESIDENT  ADDRESS: 19500 JAMBOREE RD  CITY/ST/ZIP/CO: IRVINE, CA 92612 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES E. BRADLEY, JR. TITLE: PRESIDENT ADDRESS: 19500 JAMBOREE RD CITY/ST/ZIP/CO: IRVINE, CA 92612	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	MICHAEL T. LAVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	TERI CLEMENTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	LAURIE STRATEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	DENESH BHARWANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	JOHN HARTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	MARYLOU HENNESSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	MIKE PRIETO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	RICK HASKELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	SABRINA CARROLL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	ERIC VAN EATON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	19500 JAMBOREE ROAD		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	WILLIAM B. ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	126 EAST 56TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL S. WOOD DIRECTOR 600 DEPOT ST. LATROBE, PA 15650	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN RAYHILL DIRECTOR 6 PLEASANT STREET DARIEN, CT 06820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG WASHER DIRECTOR 3187 PULLMAN STREET COSTA MESA, CA 92626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS ADAMS DIRECTOR 523 LLOYD LATROBE, PA 15650	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHARLES E. BRADLEY, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES E. BRADLEY, JR., PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/29/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			